## UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

In re:	Chapter 7 Case				
SRC Holding Corporation,	BKY Case Nos. 02-40284 to 02-40286				
f/k/a Miller & Schroeder Financial, Inc. and its subsidiaries,	Jointly Administered				
Debtor.					
Brian F. Leonard, Trustee,	ADV Case No. 03-4155				
Plaintiff,					
VS.					
James E. Iverson,					
Defendant.					
	ES BANKRUPTCY COURT ET OF MINNESOTA				
In re:	Chapter 7 Case				
SRC Holding Corporation, f/k/a Miller & Schroeder, Inc.	BKY Case Nos. 02-40284 to 02-40286				
and its subsidiaries,  Debtors.	Jointly Administered				
Brian F. Leonard, Trustee,	ADV Case No.03-4153				
Plaintiff,					
VS.					
Roger J. Wikner,					
Defendant.					

STATE OF MINNESOTA ) ss. COUNTY OF HENNEPIN )

Matthew R. Burton, being first duly sworn, deposes and states as follows:

1. I am the attorney for the Plaintiff, Brian F. Leonard in each of the above-captioned adversary proceedings.

2. During the course of discovery, each Defendant produced their income tax returns for the year 1997. The first page of each return, together with the Schedule B (Interest and Dividend Income), for each Defendant is attached hereto as Exhibit A.

3. On each return, I have whited out the social security numbers, first names, the spouses' names (entirely) and the addresses for the protection of the Defendants.

4. This Affidavit is filed in support of Plaintiffs' pending motions and in opposition to the Defendants' motions for summary judgment.

FURTHER YOUR AFFIANT SAYETH NOT.

Dated: May 3, 2004

Subscribed and sworn to before me this 3rd day of April, 2004.

Notary Public

Matthew R. Burton

SIEPHANIE L. WOOD

Notary Public-Minnesota
My Commission Expires Jan 31, 2005

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<u>1040</u>		ariment of the Treasury — mal Revenue Service S. Individual Lectome Tax Ret		(93) ».	use Only - Do not v	vrite or stapl	e in this space.
	For the year Jan. 1-Dec. 31, 1997, or other tax year hersion			997, ondina		. 10	OMB No. 1545 0074
Label [1]	YOURTH	stinaine and initial	Last name			Your socia	d socurity number
instructions A	otions A Profile Total Transfer Transfe					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
page 10.)   B   E   ;			Castinanie			opouse s	social security number
Use the IBS	Home	address (number and street). If you have a P.O. pox	c see page 10		Apt. no		- Control Control
label.		a de la companya de					p finding line tions, see pages
Otherwise, E R		(716			. !	1	3 in the booklet.
c: type.	υπγ, τα	wn or post office, state, and ZIP code, If you have	a foreign address, see page (	10			
Presidential		Do you want \$3 to go to this fund?					Note: Checking "Yes" will not
Election Campai (See page 10.)	gn	If a joint return, does your spouse want \$3 i					Change your tax or reduce your refund
	1	Single		*****			· · · · · · · · · · · · · · · · · · ·
Filing Status	\$ 2	X Married filing joint return (even if only	one had income)				
	3	Married filing separate return. Enter s	ouse's social security no.				
	4	Head of household (with qualifying pe		the qualifying	person is a child	but not yo	our dependent.
Check only one box.		enter this child's name here.					
	5	Qualifying widow(er) with dependent			) (See page 10		
F.,	6a	X Yourself. If your parent (or someone	·		h his or her tax		of boxes Red on
Exemptions		return, do not check box 6		,		i	nd 6b 2
	ь	X Spouse	1010	(3) Depen	dentis (4) No. of mo		ាស្រែក ខែមាល
	•	(1) First name Last name	(2) Dependent's social security number	relationsh	ND 10 lived in yo	ur 6c v	vho:
-		(1) institutine Last have		you	romein 19		ed with you d not live with
If more than six						you	due to divorce
cependents.		· · · · · · · · · · · · · · · · · · ·			i		aparation page 11)
see page 10.				<del></del>			endents on 6c
-		<del>-</del>	<del>, , , , , , , , , , , , , , , , , , , </del>	!			entered above
							numbers
	4	Total number of exemptions claimed				—- ente	red on 2
Income	7	Wages, salaries, tips, etc. Attach Form(s) W				7	335,412.
Aπach		Taxable interest. Attach Schadule 8 if requi				8a	4,723.
Copy B of your		Tax-exempt interest, DO NOT include on Re		3b	126.	1	
Forme W-2,	9	Dividend income. Attach Schedule B if requ				9	<u>2,188.</u>
W-2G, and 1099-R here.	10	Taxable refunds, credits, or offsets of state			-	10	843.
	11					11	
if you did not get a vv-Z,	12	Business income or (loss), Attach Schedule				12	<u>-239,843.</u>
see page 12.	13 14	Capital gain or (loss). Attach Schedule D., Other gains or (losses). Attach Form 4797				13	6,087,342.
		Total IRA distributions				14	
		Total pensions and annuities 16a;			unt(see page 13) unt (see page 13)	15b :	
Enclose, but do not attach, any	17	Rental real estate, royalties, partnerships, S				17	
payment, Also,	18	Farm income or (loss). Attach Schedule F.				18	
piease use Form 1040 V.	19	Unemployment compensation				19	
70Mi 1040 V.		Social security benefits 20a		Taxable amp	unt (see page 14)		
	21	Other income, List type and amount - see p	4.5				<del></del>
		SEE STATEMENT 1				21	6,000.
<u> </u>	22	Add the amounts in the far right column to				22	6,196,665,
Adinatad	23	IRA deduction (see page 16)					
Adjusted Gross	24	Medical savings account deduction. Attach					
Income	25	Moving expenses. Attach Form 3903 or 39					EXHIBIT
HOUTHE	26	One-half of self-employment tax, Attach Sci	hedule SE	. 26		<u> 73</u>	^
If line 32 is under	27	Self-employed health insurance deduction (		74.47 4 71.47		labbies	$\mathcal{H}$
\$29,230 (under \$9,770 if a child	28	Kongh and self-employed SEP and SIMPLE				<b>!</b> —	
did not live with	29	Penalty on early withdrawal of savings			<del>-</del>	<u> </u>	
you), see EfC inst.		Alimony paid b Recipient's SSN ▶		30a	-	- i	
on page 22.	31 32	Add lines 23 through 30a Subtract line 31 from line 22. This is your a				31	6,196,665
		- accurace time a cusous liber 77 - This is vote a	aduisted gross income			32	מממ מצו מ

Form 1040 (1997)

OMS No. 1545-0074 Page 2
Your social security number

				_
		Schedule B - Interest and Dividend Income		Attachment Sequence No. 08
Part I Interest Income	1	tif you had over \$400 in taxable interest income, you must also complete Part III. List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this		Amount
(See pages 12 and B 1.)		interest first. Also, show that buyer's social security number and address ▶		
Note: If you received a Form 1099-INT, Form		OFF OTATEMENT O		4 700
1099-CID, or substitute statement from		SEE STATEMENT 8	1	4,723.
a brokerage firm, list the firm's name as the payer and enter				
the total interest shown on that form.				4.700
		Add the amounts on line 1	3	4,723.
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	4,723.
Part II Dividend Income		e: If you had over \$400 in gross dividends and/or other distributions on stock, you must als List name of payer, include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted	o comple	te Part III. Amount
(See pages <b>12</b> and B-1.)		on lines 7 and 8 ►  IX-BA INVESTMENT SVCS  TX-SMITH BARNEY		2,172. 16.
Note: If you received a Form			5	
1039-DIV or substitute statement from a brokerage				
firm, list the firm's name as the payer and				
enter the total dividends				
shown on that form,	6 7	Add the amounts on line 5  Capital gain distributions. Enter here and on Schedule D 7	ь	2,188.
	8 9 10	Nontaxable distributions. (See the inst. for Form 1040, line 9.) 8  Add lines 7 and 8  Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9	9	2,188.
I3 III		must complete this part if you (a) had over \$400 of interest or dividends; (b) had a foreig		tion I
Part III Foreign Accounts	(c) <u>r</u>	eceived a distribution from, or were a grantor of, or a transferor to, a foreign trust.  At any time during 1997, did you have an interest in or a signature or other authority ov		Yes No
and Trusts		account in a foreign country, such as a bank account, securities account, or other finance account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1	ial	!
(See page B-2.)	ь 12	If "Yes," enter the name of the foreign country > During 1997, did you receive a distribution from, or were you the grantor of, or transference.	or to, a	
For Pananyor	k Rad	foreign trust? if "Yes." you may have to file Form 3520 or 926. See page 8-2 uction Act Notice, see Form 1040 instructions.		X

1040		ment of the Treasury Haternal Revenue Service Individual In the Pax Return	1997	(00) Ue. Onto 0	و مود پیراده	or etanl	e in this space
		year Jan 1-Dec. 31, 1997, or other tax year beg	inning	. 1997, ending		19	OMB No 1545-0074
Label	Your	first name and initial	Lastiname			Your so	cial security number
(See instructions.)	Ľ	WIKNER					
		pint return, spouse's first name and initial	Lastiname			Spause	's social security number
Use the IRS	· 🗀						<del></del> -
label. L Otherwise. L		e address (number and street), if you have a P.O.	bax, see instructions.	Ap	. าธ.		For help in finding
please print	1					]	line instructions, see
or type	= 1	<u></u>				}	the booklet.
i	City.	town or post office, state, and ZIP code. If you r	lave a foreign address, see instri	actions.		<u> </u>	
Presidential						Yes	No Note: Checking "Ye will not change you
Election Campaign		Do you want \$3 to go to this fund?					X tax or reduce your refund.
(See instructions.)		If a joint return, does your spouse want	\$3 to go to this fund?	<u> </u>		11	_A   (C. a.
	1	Single					
Filing Status	2	X Married filing joint return (even					
	3	Married filing separate return. Enter s					
Check only	4	Head of household (with qualify	ring person). (See instructi	ons.) If the qualifying	person is	s a chile	d but not your depende
one box.	_	enter this child's name nere.					
	5	Qualifying widow(er) with depe			instructio	ns.) 1	No. of boxes
_	6a	Yourself. If your parent (or someon		dependent on his or h	ertax	į	checked on
Exemptions		return, do not check box	ĥя	+ +			Gaand 6b Z
	b	X Spouse	<del>                                     </del>	(2) (3)	1	<u></u> /	No. of your
•	С	Dependents:	(2) Dependent's social	(3) Dependent's relationship to	(4) No.	of mas in your	children on
			security number	vou .	homoi		6c who.
	_	(1) First name Last name	<del>   </del>		<del></del>		• lived with you
					<del> </del>		<ul> <li>did not live with you due to divorce</li> </ul>
If more than six	_				<del>                                     </del>		or separation
dependents, see the					ļ		(see instructions)
instructions.	_	*			<del> </del>		Dependents on 6c
		·			1		not entered above Add numbers
				<del></del>	1		enteréd oi:
		Total number of exemptions claimed Wages, salaries, tips, etc. Attach Form(	-118/0		· · · · · · · · · · · · · · · · · · ·	7	1ines above 468, 85
	7			•		8a	102,48
Income	8a L	Taxable interest. Attach Schedule Biff			6,020	0.0	
Attach	ь	Tax-exempt interest, DO NOT include				9	51,37
Copy B of your	9	Dividends, Attach Schedule B if require Taxable refunds, credits, or offsets of s				10	21.47
Forms W-2,	10					11	<u> </u>
W-2G, and 1099-R here.	11	Alimony received				12	13,07
	12	Business income or (loss), Attach School				13	6,629,93
If you did not	13	Capital gain or (toss). Attach Schedule				14	62,62
get a W-2, see the instructions.	14	Other gains or (losses), Attach Form 47 Total IRA distributions				15b	
the man donors.	15a			axable amount (see instruc			
,	16a	Total pensions and annuities . 16a	•••	axable amount (see instruc		16b	541, 23
Enclose but co	17	Rental real estate, royalties, partnershi				17	0,11,20
not attach any	18	Farm income or (loss). Attach Schedule	•			18	
payment, Also, please use	19	Unemployment compensation	· · · · · · · · · · · · · · · · · · ·			19	
Form 1040-V.	20a	Social security benefits 20a		axabie amount (see instru:		20b	
	21	Other modine, that type and amount-see mate-				Aleks	106,75
		See Stmt 1				21	7,997,8
	22	Add the amounts in the far right colum			<u>e</u>	22	1,331,0
	23	IRA deduction (see instructions)		23		-	
Adjusted	24	Medical savings account deduction. At					
Gross	25	Moving expenses, Attach Form 3903 o		25	175		
Income	26	One-half of self-employment tax. Attac		26	175		
If line 32 is	27	27 Self-employed health insurance deduction (see instructions)					
under \$29,290	28	Keogh and self-employed SEP and SII	MPLE plans	28			
(under \$9,770 if	29	Penalty on early withdrawat of savings		29			
a child did not live with you), see	30a	Alimony paid - b- Recipient's SSN 🛌		30a		fields	
the instructions.	31	Add lines 23 through 30a				31	1,4
	32	Subtract line 31 from line 22. This is yo	ur adjusted gross income	L. <u> </u>	<u></u>	32	7,996,3

OMB No. 1545-0074 Page Your social security number

## WIKNER

		Schedule B - Interest and Dividend Income	٠	Attachment Sequence No. 01
Part I	Note	: If you had over \$400 in taxable interest income, you must also complete Part III.	-	
Interest Income (See instructions.)	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ►  INTEREST_FROM_K-1'S See Stmt_10		Arnount 27,464
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.		See Stat 11  TAX-EXEMPT INTEREST	1	-36,020
,	2 3	Add the amounts on line 1	3	102,487
	4		4	102,487
Part II Dividend Income (See instructions.)  Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that	Note 5	: If you had over \$400 in gross dividends and/or other distributions on stock, you must also color that name of payer, include gross dividends and/or other distributions on stock here.  Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8   Output  Description:	omplete F	60 51,316
form.	6 7 8 9 10	Add the amounts on line 5 Capital gain distributions. Enter here and on Schedule D	9 10	51,376
Part III Foreign	You (c) re	must complete this part if you (a) had over \$400 of interest or dividends; (b) had a foreign as eceived a distribution from, or were a grantor of, or a transferor to, a foreign trust.	count; or	Yes N
Accounts and Trusts		At any time during 1997, did you have an interest in or a signature or other authority over a secount in a fereign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1.  If "Yes," enter the name of the foreign country.		
(See instructions.)	12	During 1997, did you receive a distribution from, or were you the grantor of, or transferor to foreign trust? If "Yes," you may have to file Form 3520 or 926. See instructions		

## UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

In re:	Chapter 7 Case			
SRC Holding Corporation,	BKY Case Nos. 02-40284 to 02-40286			
f/k/a Miller & Schroeder, Inc. and its subsidiaries,	Jointly Administered			
Debtors.				
Brian F. Leonard, Trustee,	Adv. Case No. 03-4153			
Plaintiff,				
vs.				
Roger J. Wikner,				
Defendant.				

## UNSWORN CERTIFICATE OF SERVICE

I, Stephanie Wood, declare under penalty of perjury that on the 3rd day of May, 2004, I faxed a copy of the annexed *Affidavit of Matthew R. Burton* on:

Larry B. Ricke, Esq. Leonard Street & Deinard 150 South Fifth Street Suite 2300 Minneapolis, MN 55402 Fax No.: 612-335-1657

by faxing to all parties copies thereof, directed to said party at the last known fax number of said parties.

Dated: May 3, 2004

Stephanie Wood

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